

BOUND TO PUBLISH IT.

After the outbreak of the great war now raging in Europe medical periodicals failed to arrive from abroad for a while. It was at first a question whether their publication had been suspended or whether obstacles to transportation prevented their arrival. In the course of time those who had enjoyed the respite from the obligation of keeping up with the age by reading the facts and fancies communicated in the journals sighed to discover that there had been only a damming up of the current and that even a total lack of readers would probably not suspend the animation of writers. And railways might be blocked and ships desert the sea, but until the very air evaporates and space itself is obliterated a determined contributor will find a way to get to his editor.

As witnesseth Doctor Ernest Jeger. He is rendering surgical aid to the forces occupying the fortress of Przemyśl. Przemyśl has been besieged by the Russians for several months. They have effectively blocked egress for the ordinary human body which is content, or forced, to remain in contact with the earth. But Dr. Jeger had a message for mankind on the subject of Sutures of Blood Vessels. His soaring spirit would not be baffled and, finding one who soared in body as well as in mind, to him he confided the MS, composed amidst the carnage, and directed it to the editor of a medical journal in Berlin. So by means of the aeroplane a paper on "Military Surgical Experiences on Suturing of Blood Vessels" got beyond the confines of the beleaguered fortress and reached its destination.

The editor of the Berliner Klinische Wochenschrift was evidently touched by the resolution which overcame such difficulty on the path to his columns and he yearned to equal his contributor's prowess by sending back the proofs by the aerial route. But he ruefully confessed that the aeroplane department maintained for the convenience of the editorial staff was not in working order, so that the winged words from Przemyśl had to be printed without the author's revision.

Let all editors learn from this that when a medical chiel is takin' notes, faith he *will* print 'em.

DRUGGIST CO-OPERATION.

In a recent issue of the JOURNAL, we published a letter from Dr. Philip King Brown referring to the druggist situation and the relations of physician and druggist, that contained much good food for thought. The December number of the *Drug Clerk's Journal* reprints this, without comment, but in another portion of the same issue has an article entitled "Can the Pharmacist Prescribe?" which is merely silly and does not in any way discuss the question brought up. There should be more co-operation between physician and pharmacist and there should be some common ground on which both may meet and each be a help to the other; but we will never find it in the way pursued by the *Drug Clerk's Journal*.

REMARKS TO LEGISLATORS.

As is well known to those who have for any length of time watched the various legislatures of the State of California, the Southern California Delegation is a very important and influential element. They always meet in Los Angeles in December and listen to requests, petitions for bills, etc., from whomsoever wishes to appear and be heard by the caucus of the delegation. On December 18th, 1914, a committee of the Los Angeles County Medical Association appeared before the delegation and expressed the views of the medical society on medical legislation. The following remarks, which come from Dr. Francis M. Pottenger, are so sane and so adequate that it is a pleasure to quote them. The JOURNAL is not advised as to whether they have appeared in any other publication:

The members of the medical profession who are licensed to practice medicine and surgery in the State of California believe in high standards of qualifications for their profession, and look upon any attempt to lower the standard as inimical to the best interests of the citizens of the state.

Preliminary to our discussion we desire to call attention to the fact that the two fundamental principles in the treatment of disease are: first, accurate diagnosis, and, second, an efficient therapy. We further wish to emphasize the fact that the prevention of disease, which is the ultimate aim and purpose of medicine, likewise depends upon accurate diagnoses.

The diagnosis and treatment of disease today, on account of the rapid strides which are being made in our science, are demanding more and more preparation on the part of students in order that a satisfactory service may be rendered to those who are sick.

We believe that anyone who attempts to care for the sick, whether it be by medicine, surgery, manipulation, or any other measure, should have a thorough knowledge of the human body and its functions in health and disease, and be able to diagnose the condition which he attempts to treat. To this end we believe in a certain standard of preliminary education for all students of any branch of the healing art, as being not a guarantee, but an indication, that such students shall have the capabilities of grasping the problems which are associated with the diagnosis and treatment of disease. We believe that no such standard should be *lower* than that represented by a high school certificate.

We further believe that it takes as much training to understand the human body and to diagnose and differentiate between similar conditions when treated by so-called drugless methods, as it does when treated by medicine and surgery, and that the plea made by the followers of such methods that, inasmuch as they are not intending to use drugs and surgery they do not require an equal training in the knowledge of the human body and the diagnosis of disease is an admission that they do not appreciate the seriousness of their calling and the responsibility which is imposed upon them